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(Effective on 12					Complete if Known						
		Consolidated Appropriations Act, 2005 (H.R. 48° TRANSMITTAL			Application Nun	10/645,384						
	: IKAN				Filing Date	August		21, 2003				
For FY 2005					First Named Inventor T. Weiss et al.							
	Examiner Name B.K. Talbot											
Applicant	Art Unit 1762											
TOTAL AMOU	Attorney Docke	Attorney Docket No. FIS920030045US1										
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number: 09-0458 Deposit Account Name: IBM East Fishkill												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s)												
warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card												
information and authorization on PTO-2038.												
FEE CALCULATION												
1. BASIC FILI	NG, SEARCH, AI		INATION F									
	FILI	NG FEES Small E	nfitv	SEAR	CH FEES Small Entity	EXAN	OITANIN	N FEES I Entity				
<u>Application</u>	Type Fee (Fee (\$		Fee		e (\$)	<u>Fe</u>	es Paid (\$)		
Utility	300	150		500	250	200	10	00				
Design	200	100		100	50	130) (55				
Plant	200	100		300	150	160		80				
Reissue	300	150		500	250	600	30	00				
Provisional	200	100		0	0	0	ı	0				
2. EXCESS CLAIM FEES Small Entity												
Fee Description Each claim over 20 (including Reissues)								Fee (\$) 50	<u>Fee (</u> 2:			
Each independent claim over 3 (including Reissues)								200	100			
Multiple dependent claims								360	180	0		
					Paid (\$)			Multiple Dependent Claims				
31 (23) -	20 or HP = <u> </u>	X		=	0			Fee (\$)	<u>Fee</u>	e Paid (\$)		
Indep. Claims	Extra C		Fee (\$)	Fee	Paid (\$)					0		
6(2) -3	3 or HP =0	x	100.00 =	=	0							
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE												
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer												
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50												
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)</u>												
- 100 = /50 = (round up to a whole number) x =												
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											5)	
_	Other (e.g., late filing surcharge):											
UBMITTED BY	CONTROL OF THE POST OF THE OWN PROPERTY OWN PROPERTY OF THE OWN PROPERTY OF THE OWN PROPERTY OWN PROPERTY OF THE OWN PROPERTY OWN PROPERTY OWN PROPERTY OWN PROPERTY O	()		7.	Pagintration No.	و اونده د ماه د وندو و اونده و	"Browng I Policities are stad by Atlantic Education for	I				
gnature /Peter W. Peterson 2 Registration No. (Attorney/Agent) 31,867								Telephone 203-787-0595				
me (Print/Type) Peter W. Peterson								Date November 3, 2006				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.